DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS CNA (NONAMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: CHADWICK STREET COMMUNITY RESIDENCE (610254)

Address: 5006 CHADWICK STREET, SCHOFIELD, WI 54476

License Status: REGULAR

Licensed/Certified/Registered 10/12/1995

Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096142 End Date: 12/21/2005 Type: OTHER Purpose: COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095888 End Date: 10/19/2005 Type: OTHER Purpose: OTHER

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0094995 End Date: 05/23/2005 Type: ABBREVIATED Purpose: SURVEY

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Complaint History

Date Complaint Received: 10/19/2005 Date Investigation Completed: 12/21/2005

Subject Area(s) Result SOD #

PHYSICAL PLANTS & SAFETY HAZARDS PROGRAM SERVICES

NOT SUBSTANTIATED NOT SUBSTANTIATED